For courses Communication 4920 and 4950

Internship/Practicum Coordinator:
Ryan Krull—Department of Communication (KrullRW@umsl.edu)
110 Clark Hall
One University Boulevard
St. Louis, MO 63121
314-516-5513

Student Information
UMSL Email address: __________________________________________________________
Name: ___________________________________ Student #: __________ Phone #: __________
Street Address: __________________________________________________________ Apt. #: __________
City: ____________________________________________ State: ________________
Zip: __________________________________________

Internship or Practicum Course Information
Course Number (please circle) Comm 4920 or Comm 4950
Semester (please circle) Fall, Spring, or Summer——Number of Credit Hours: __________
Location of Internship:
Company./Agency/Organization: ________________________________________________
Dept.: ______________________________________________________________________
Supervisor’s Name and Title: ______________________________________________________
Supervisor’s Phone #: _________________ Ext.#: _________________
Supervisor’s Complete Mailing Address: ____________________________________________
____________________________________________________________________________
Student’s Requirements, Responsibilities, and Duties: ________________________________
____________________________________________________________________________
____________________________________________________________________________

Approximate Work Schedule
____________________________________________________________________________
Total Number of Hours Per Week: _________ Total Number of Hours for the Semester: _________
(Number of hours for should total 150 for 3 credit hour internships and practicums.)
**Grading**

The student will be evaluated on the following basis

Midterm report 20%

Final report and Project 40%

Site supervisor evaluation (this is a suggested grade, the coordinator assigns official grade) 40%.

**Approval Signatures**

Student:________________________________________________________ Date:______________

Site Supervisor:________________________________________________ Date:______________

Internship/Practicum Coordinator:_______________________________ Date:______________